

**Accounting Memorandum #05-16**  
**FISCAL 2005 YEAR-END PROCEDURES**  
**ATTACHMENT A**

TO: Director  
Division of Accounting  
Suite 3, Thomas Collins Building  
Dover, DE 19901  
D570C

FROM:

DEPARTMENT:

DIVISION(S):

DATE:

SUBJECT: **Annual Certification of Internal Controls**

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I certify to the best of my knowledge and belief, that as of June 30, 2005:

1. There were no deficiencies that arose which could adversely affect this agency's ability to record, process, summarize and report financial data and we have identified no material weakness in internal controls.
2. The transactions have been properly reviewed and authorized prior to processing to ensure the proper delivery and receipt of goods/services.
3. Appropriations reflect accurate charges and all discrepancies identified have been corrected.

SIGNED: \_\_\_\_\_  
Chief Financial Officer

**\*\*\*\*\*IMPORTANT REMINDER\*\*\*\*\***

**THIS FORM IS DUE BY FRIDAY, JULY 15, 2005**

**PLEASE FAX TO 302-744-1045**

**Accounting Memorandum #05-16**  
**FISCAL 2005 YEAR-END PROCEDURES**  
**ATTACHMENT B**

**STATE OF DELAWARE**  
**DIVISION OF ACCOUNTING**

DESIGNATION OF APPROPRIATION FOR PAYMENT OF SUPERCARD

ACCOUNT CODE

PURCHASE ORDER REFERENCE				FY	FUND	DEPT	ORGANIZATION	APPR	OBJT	SUB-OBJT	PROG	REPT CAT
CODE	DEPT	NUMBER	LIN E									
									9350			

**ORGANIZATION COPIES OF IV  
DOCUMENTS**

**ARE TO BE SENT TO:**

NAME:

ORGANIZATION \_\_\_\_\_

STATE LOCATION CODE

(SLC) \_\_\_\_\_

TELEPHONE NUMBER:

\_\_\_\_\_

**ORGANIZATION COPIES OF  
BACKUP TO**

**IV DOCUMENTS ARE TO BE SENT  
TO:**

NAME:

ORGANIZATION \_\_\_\_\_

STATE LOCATION CODE

(SLC) \_\_\_\_\_

TELEPHONE NUMBER:

\_\_\_\_\_

**RETURN THIS FORM VIA E-MAIL  
TO:**

Phyllis.jurczak@state.de.us

Phyllis Jurczak

Div. of Accounting

Thomas Collins Bldg., Suite 3

Dover, DE 19901

**SLC D570C**

FAX: (302) 744-1045